

**FORM 511**

CITY OF BETHLEHEM EMPLOYER'S QUARTERLY EARNED INCOME TAX RETURN

ID #

QTR   YEAR  
DUE DATE

EARNED INCOME TAX DUE \_\_\_\_\_  
CREDIT ADJUSTMENT \_\_\_\_\_  
DEPOSITORY RECEIPT TOTAL \_\_\_\_\_  
TOTAL DUE WITH RETURN \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

PLEASE PROVIDE COMPLETE NAME AND ADDRESS INFORMATION FOR EACH EMPLOYEE

TAXPAYER #	TAXPAYER NAME & ADDRESS	TAX WITHHELD	PSD
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